



FEDERATION
OF
CHIROPRACTIC LICENSING BOARDS

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August 22, 2003

Chiropractic Advisory Committee
Department of Veterans Affairs
Washington, DC 20420

Esteemed Members of the Committee:

As president of the Federation of Chiropractic Licensing Boards, I appreciate the opportunity to comment on *Draft #6: Recommendations of the Chiropractic Advisory Committee*.

It is clear that significant research and discussions have been invested in the development of a vision for the smooth integration of chiropractic care into the health care system for our Nation's veterans. As we mentioned in our March 25, 2003, address to the Committee, we believe the FCLB's 77 years of experience and understanding of the patient protection aspects of chiropractic licensure represent an important contribution to the work of this volunteer body. We thank you for the chance to comment.

Having studied the 38 recommendations, we believe there are several which have particular regulatory ramifications. Recommended changes or comments are noted.

A. QUALIFICATIONS FOR EMPLOYMENT

Recommendation 2: Licensure requirement Credentialing requirements

Current, full and unrestricted license to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia as verified with the Chiropractic Information Network / Board Action Databank (CIN-BAD) maintained by the FCLB. A doctor of chiropractic who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status should be appointed only in accordance with existing VA provisions applicable to other independent licensed practitioners. Further, any history of malpractice claims should be disclosed by the applicant.

Comment: For the protection of the patients, we urge that the credentialing process be defined in greater detail.

Verification through CIN-BAD is also required by the Department of Defense and utilized by all chiropractic licensing boards. This exceptional resource of quality disciplinary data is maintained by chiropractic regulatory agencies in the US / US territories and commonwealths, Canada, Mexico, and Australia. The National Committee for Quality Assurance (NCQA) recognizes CIN-BAD. No other single databank, including the federal NPDB and HIPDB, has received this recognition status.

Malpractice history should also be disclosed as relevant patterns of possible misconduct can be identified.

B. Scope of Practice

Recommendation 4: Scope of Practice

Doctors of chiropractic shall provide patient evaluation and care for neuro-musculoskeletal conditions including the subluxation complex within the boundaries set by state licensure, VHA privileging and the doctor's ability to demonstrate educational training and clinical competency in the areas necessary to provide appropriate patient care.

Comment: We fully support this position. The scope of a licensee's practice is set forth in statute and regulation. It is based on educational and clinical qualifications as determined by the legislatures and regulatory boards in each jurisdiction, and in accordance with the public interest and patient protection.

This process of determining clinical privilege has been established and tested over many years. A long history of practical application underlies the determination of scope. To define the doctor of chiropractic's practice within the full scope of his/her license is to assure the public of appropriate professional and clinical boundaries, established with the best interests of patients in mind.

D. Access to Chiropractic Care

Dissenting Recommendation:

VHA facilities should establish processes that will ensure patients are adequately informed about treatment options, including chiropractic care, when presenting to urgent care with acute neuromusculoskeletal conditions appropriate for chiropractic care, when calling to request a primary care appointment for acute neuromusculoskeletal conditions, or when receiving care for difficult, chronic and otherwise unresponsive neuromusculoskeletal conditions. Patients presenting with neuromusculoskeletal complaints who prefer chiropractic care as their treatment option should be referred to a doctor of chiropractic for evaluation and care.

Comment: The Federation supports the dissenting recommendation, a position held by 5 of the 11 Committee members. For 90 years, the public has had direct access to chiropractic physicians – while afforded the accountability and protection of regulation. We believe it makes good sense to model the VA program as closely as possible on the standards that have proven successful for more than five generations at the state level.

Delaying access to necessary care while waiting for referrals from an admittedly overloaded intake system may constitute patient neglect. It can certainly have the tragically expensive and painful consequence of turning an acute care case into a chronic care case.

Finally, we note the 38 recommendations fall into the following broad categories: defining the qualifications, scope of practice, privileges, access, referrals, and process for integration in the VHA. We believe an important additional component which should be addressed relates to accountability and the exchange of information.

We urge you to develop an additional recommendation which addresses this point, which we described in our March 25, 2003, comments to the Committee. Specifically:

ACCOUNTABILITY AND EXCHANGE OF INFORMATION

Comment: To protect the general public, we recommend that the Department of Veterans Affairs notify both the jurisdiction of practice and the jurisdiction(s) of licensure regarding any adverse actions taken against doctors of chiropractic practicing in the VA system.

We also urge adoption of a VA policy which allows complete disclosure of relevant information to those jurisdictions' chiropractic regulatory boards to assist their expeditious investigations.

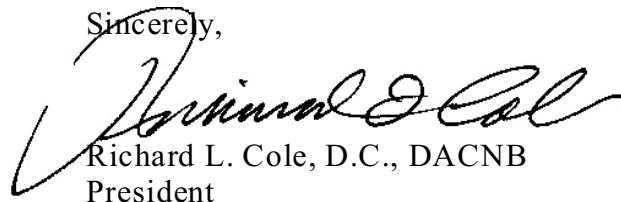
Since 1926, the Federation has served as the leading voice for chiropractic regulation and conduit for information for our members. Our principal concern is public protection. We commend the thoughtful efforts of the Committee to envision the responsibilities and mechanisms necessary to add affordable and effective chiropractic health care to the healing interventions for our Nation's veterans.

State based licensure works. It makes both economic and compassionate sense to protect the public through –

- quality credentials verification processes;
- practice scope as determined by state laws;
- direct access as proven to be successful for the general public; and
- accountability and information exchange which ensure professional performance and appropriate disclosure.

We look forward to reading the final recommendations of the Committee, and offer our continued support and resources if we can be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard L. Cole". The signature is fluid and cursive, with a large initial "R" and "C".

Richard L. Cole, D.C., DACNB
President

RLC/dml

cc: FCLB Board of Directors
FCLB Member Boards